Work Order (Bid Form)

W

Assistance Program	
WORK ORDER INFORMATION	
Work Order Name:	
Work Order Type: Weatherization	
Audit Name: Haywood	
CLIENT INFORMATION	
Client Name:	Address:
Client ID:	
Alt. Client ID: 16016SW-0510	
AGENCY INFORMATION	
Agency: SWHRA	Agency Phone: (731) 989-5111
Address: 1574 White AVE	Fax:
Henderson, TN	Email Address:
Agency Contact: Murley, Rickey	Work Phone:
	Cell Phone:
	Email Address:
Company Name & License Number:	
Contractor's Signature:	
COMMENT	
NOTICE:	

CC

All work performed and material must meet all requirements as stated in the Southeast Weatherization Field Guide. It is the contractor's responsibility to pull all necessary permits required for the town or county where the work is being performed. No change order work shall be done until the change order has been approved and signed. If heater is required no air sealing should be done before heater is installed.

731-772-5823

Client Name: Client ID:

Alt. Client ID: 16016SW-0510

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Report Run On: 5/13/2010

DOE Weatherization Assistant

Version 8.5.0

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Measures

Measure 1 DW	/H Pipe Insulation			Componen	ts			Inspected
Comment								
				Estimated	Mond & FMS of Salaman programmy	at another the common or to enqui-	Actual	
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1 Insulation	DHW Pipe Insulation	Each	1					
2 Labor	Labor	Each	1					
Other Detail								
AMERICAN STREET, STREE								
							Company of Asserting	
			Measur	e Sub Total:			Sub Total:	/ / / / / / / / / / / / / / / / / / /
Field Notes:				Name of the second of the seco				
								4-
								A PARTIE NAME OF THE PARTIES OF THE
								dia north on a second
Measure 2 DW	H Tank Insulation			Component	ts			Inspected
Measure 2 DW Comment	H Tank Insulation			Component	ts			Inspected
	H Tank Insulation			Component Estimated	ts		Actual	Inspected
	H Tank Insulation Description / Comment	Units	Qty	-	ts Total	Qty		Inspected
Comment		<i>Units</i> Each	THE PASSED AND A SECOND	Estimated		Qty	Actual	
# Material / Labor 1 Hot Water	Description / Comment		Qty	Estimated		Qty	Actual	
# Material / Labor Hot Water Equipment Labor	Description / Comment DHW Tank Insulation	Each	Q ty 1	Estimated		Qty	Actual	
# Material / Labor 1 Hot Water Equipment	Description / Comment DHW Tank Insulation	Each	Q ty 1	Estimated		Qty	Actual	
# Material / Labor Hot Water Equipment Labor	Description / Comment DHW Tank Insulation	Each	Q ty 1	Estimated		Qty	Actual	
# Material / Labor Hot Water Equipment Labor	Description / Comment DHW Tank Insulation	Each	Qty 1	Estimated Unit Cost			Actual Unit Cost	
# Material / Labor Hot Water Equipment Labor	Description / Comment DHW Tank Insulation	Each	Qty 1	Estimated			Actual	
# Material / Labor Hot Water Equipment Labor	Description / Comment DHW Tank Insulation	Each	Qty 1	Estimated Unit Cost			Actual Unit Cost	
# Material / Labor 1 Hot Water Equipment 2 Labor Other Detail	Description / Comment DHW Tank Insulation	Each	Qty 1	Estimated Unit Cost			Actual Unit Cost	
# Material / Labor 1 Hot Water Equipment 2 Labor Other Detail	Description / Comment DHW Tank Insulation	Each	Qty 1	Estimated Unit Cost			Actual Unit Cost	

Measure 3 CO Comment	Monitor is Needed	M.M		Componen				Inspected
# Material / Labor	Decariation / Comment	Umita		Estimated		04.	Actual	T-4-1
	Description / Comment CO monitor	<i>Units</i> Each	Qty 1	Unit Cost	Total	Qty	Unit Cost	Total
1 Health and Safety Items	COmonitor	Each	1					
2 Labor	Labor	Hour	1					
Other Detail				, 		÷ [
			Measur	re Sub Total:			Sub Total:	
Measure 4 Fix I Fan Comment	mproper Venting Kitch	en Exhau	st	Component	ts		Actual	Inspected
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
Health and Safety Items	Equipment	Each	1		1			
2 Labor	Labor	Hour	1	V. V		AND THE STATE OF T		
Other Detail			,					
7.7								
		I	Measur	e Sub Total:		S	Sub Total:	
Field Notes:								

Client Name:	
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Fan	Not Operational Bathro	om Exha	ust	Componer	its			Inspected
Comment								
				Estimated	<i>f</i>	V	Actual	
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1 Health and Safety Items	Equipment	Each	1			To the second se		
2 Labor	Labor	Hour	1					
Other Detail								
			province and a second					
			Measu	e Sub Total:		- L	Sub Total:	
Measure 6 Smo	ke Detector is Needed							
	oke Detector is Needed			Componen Estimated				Inspected
Comment	Description / Comment	Units	Qty	-		Qty	Actual Unit Cost	Inspected Total
# Material / Labor Health and Safety Items		<i>Units</i> Each	Qty 1	Estimated		Qty	Actual	
Comment # Material / Labor 1 Health and Safety	Description / Comment			Estimated		Qty	Actual	
# Material / Labor Health and Safety Items	Description / Comment Smoke detector	Each	1	Estimated		Qty	Actual	
# Material / Labor Health and Safety Items Labor	Description / Comment Smoke detector	Each	1	Estimated		Qty	Actual	
# Material / Labor Health and Safety Items Labor	Description / Comment Smoke detector	Each	1	Estimated		Qty	Actual	
# Material / Labor Health and Safety Items Labor	Description / Comment Smoke detector	Each Hour	1	Estimated			Actual	

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